MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. __200__ Primary Registration District No. __3041__ Registrar's No. ____142____

62-031764
STATE FILE NUMBER

FILED AUG 24 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1	0611
2	0611
3	2
4	1
5	1
6	
7	0
8	2
9	80X
10	
11	
12	1-0
13	1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. — SHOULD READ — INSTEAD OF

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT — BY AFFIDAVIT OF

1. PLACE OF DEATH
   a. COUNTY: Macon
   b. CITY OR TOWN: Macon — Length of stay in 1b: yrs.
   c. FULL NAME OF HOSPITAL OR INSTITUTION: Samaritan Hosp. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Mo.
   b. COUNTY: Macon
   c. CITY OR TOWN: Macon — Inside Limits: Yes ☑ No ☐
   d. STREET ADDRESS: 213 McKay — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): Evelyn "Eva" Baker Taylor

4. DATE OF DEATH: Aug. 8, 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/2/1890
9. AGE (last birthday): 72 — IF UNDER 1 YEAR Months/Days — IF UNDER 24 HR Hours/Min.

10a. USUAL OCCUPATION: Licensed Practical Nurse
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE: Cherry Box, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph J. Loft
13b. MOTHER'S MAIDEN NAME: Mary E. Wensel
14. NAME OF HUSBAND OR WIFE: Ward Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Dayle Baker — Address: Jeff. C. Ty, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
    PART I. DEATH WAS CAUSED BY:
    IMMEDIATE CAUSE (a): Metastatic Carcinoma generalized — INTERVAL BETWEEN ONSET AND DEATH: about April 1962
    Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
    DUE TO (b): Primary Carcinoma of Kidney (Left) — about June 1962
    DUE TO (c):

    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of Breast operated in 1958

    PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED:
20c. TIME OF INJURY: Hour a.m./p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY:
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from April 1962 to Aug 8, 1962 and last saw her alive on Aug 8 1962
    Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James E. Campbell M.D. (Degree or title)
22b. ADDRESS: Macon, Mo.
22c. DATE SIGNED: 8/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 10, 1962
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
23d. LOCATION: Macon, Mo.

24. FUNERAL DIRECTOR: Lester Hutton, Macon, Mo.
25. DATE RECD. BY LOCAL REG.: 8/16/62
26. REGISTRAR'S SIGNATURE: Ruth M. Seeley

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed___*Charles L. Hutton*___
      Signature of Student Embalmer

Licensed Embalmer No.__4577____

P. O. Address _Macon, Mo._ .

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
    If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
    If this body is not embalmed, fact should be so stated above.